



Macon County  
Public Health

## APPLICATION FOR RESIDENTIAL CARE FACILITY

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Facility will be licensed thru:

\_\_\_\_\_ Department of Social Services (Water & Septic Inspection Only)  
\_\_\_\_\_ Smoky Mountain Mental Health (Full Sanitation Inspection Required)  
\_\_\_\_\_ Other

Date inspection needs to be completed by: \_\_\_\_\_

Directions \_\_\_\_\_  
\_\_\_\_\_

Type of water supply: City \_\_\_\_\_  
Community well \_\_\_\_\_  
**Private:**  
Drilled well \_\_\_\_\_

Sewage Disposal: City \_\_\_\_\_ On-site \_\_\_\_\_

If septic system is on-site, NAME of ORIGINAL OWNER and DATE OF INSTALLATION

Original Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Application received: (date) \_\_\_\_\_ (initials) \_\_\_\_\_ Type of Water Supply: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Assigned to EHS: \_\_\_\_\_

Copy of applicable rules mailed \_\_\_\_\_ or given \_\_\_\_\_ date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_